

INTRODUCTION – A RATIONALE FOR PLAY IN HOSPITAL

1. THE HOSPITALIZED CHILD: Common facts about children in hospital include that children in hospital...

- should rest to get better according to the intuitive but erroneous impression of many adults;
- get bored very quickly due to a shorter concentration span;
- are less likely to play when unvisited or when lacking the relationship with a dependable adult;
- may become increasingly passive or helpless, stop playing altogether or do tasks below their developmental level - a clear sign of an inability to cope (Belson, 1987).

2. EFFECTS OF HOSPITALIZATION: Hospitalization is a potentially stressful situation for everyone, especially children. A large proportion of admitted children enter hospitals as unplanned emergencies, in which case the likelihood of stress is increased. Amongst the elements likely to cause stress in hospitalized children are the alien environment, possibly painful and/or unpleasant medical treatments, the separation from family and friends and curtailment of freedom, privacy and sense of control. In addition, children often lack an understanding of the reasons for hospitalization, which can add to the feelings of insecurity, fright, anger, confusion and helplessness. Parents too may experience stress and an undermining sense of inadequacy when their child is taken into hospital.

It has been shown (e.g. Hall, 1987) that the experience of staying in hospital can affect a child's future development. The extent and nature of that effect are relative to how a child perceives the event and relate, amongst other factors, to the length of time in hospital, past hospital and life experiences, the involvement of people who can provide care regularly, the play facilities of the ward and the age or developmental level and personality of the child. A short hospital stay in itself "...does not reduce the potential for trauma and should not be used as an argument to reduce support for the provision of children's play in hospital" (Laws, 1993, p.6).

Trying to decrease stress and thereby preventing possible anxiety and developmental regression may not be all that can be done. Through sensitive interventions, which certainly include play provision, a child's and family's coping skills can be enhanced which may in turn be applied to other stressful situations in the future (Lewandowski, 1992). In other words, there is no need for the memory of hospitalization to be a traumatic one.

3. FUNCTIONS OF PLAY IN HOSPITAL: The broad objectives of play provision in hospital are to help the emotional well-being of the hospitalized child and to "...minimize the possibility of the child suffering from the negative reactions to being in hospital." (Save The Children, 1989, p.10). Play therefore becomes an essential component, not a luxury, in the treatment of the child.

Play in hospital achieves the following objectives: It...

- provides a normal experience for the child and his/her family in an otherwise abnormal environment;
- supports the child's intellectual, social and emotional development, especially for long-term admissions;
- can facilitate communication between the staff and the child, family members and the child, and between child patients;
- can help to identify and talk about feelings and reveal possible misconceptions about the hospital experience;
- can help reduce anxiety in family members;
- can help regain confidence in one's skills;
- can teach or trigger more mature coping mechanisms;
- can aid diagnosticians by revealing sources of stress;
- can be used for diversion and pain management;
- can help prepare children and family members for admission, treatment and procedures, including surgery, and also help them come to terms with these experiences afterwards; and

- can improve recovery rates through (i) the relief of boredom; (ii) reducing stress and anxiety, and (iii) providing opportunities to “act out” fearful situations. It has been shown in Sweden that play together with parents’ active cooperation reduced the average length of stay for children in hospital (Willson, 1979).

Although all children, both inpatients and outpatients, benefit from play in one way or another, some conditions create special needs for play: long or repeated stays; no visitors; isolation; sensory loss; severe illness; and accident & emergency admission. Play clearly is not merely an activity to fill time but is in itself a medium for therapy, relaxation, education and diversion. In this context one needs to remember that what is important is the process of playing, not the result of playing (Cosco, 1990). For example, it is not important how perfect a drawing turns out to be but how much pleasure was gained from the act of drawing. Above all one must not forget that play should be fun.